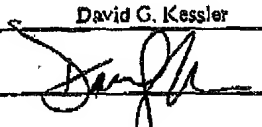


Appl. No.: To be assigned
Docket No.: 06-2916.485

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor	Michael Girouard	
Signature of sole or first inventor		Date
Residence		
Citizenship		
Mailing Address		
Full name of second inventor	Michael Wells	
Signature of second inventor		Date
Residence		
Citizenship		
Mailing Address		
Full name of third inventor	David G. Kessler	
Signature of third inventor		Date 3/7/01
Residence	Cherry Hill, New Jersey	
Citizenship	United States	
Mailing Address	9 Southwood Drive	
	Cherry Hill, New Jersey 08034	

MAR. 8. 2001 2:16PM

NO. 0936 P. 4/25

Appl. No.: To be assigned
Docket No.: 06-2916.485

Full name of fourth inventor	Kathy Thimsen
Signature of fourth inventor	Kathleen Thimsen
Residence	Village of Stoney Run 54F
Citizenship	US
Mailing Address	Maple Shade, NJ 08052
Full name of fifth inventor	
Signature of fifth inventor	
Residence	
Citizenship	
Mailing Address	

USPTO Form 100 (Rev. 11/2000)

(Supply similar information and signature for subsequent joint inventors, if any)

PATENT APPLICATION

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 485

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Process and Related Systems for Managing Wound Treatment

the specification of which is attached hereto unless the following box is checked:

☐ was filed on _____ as US Application Serial No. or PCT International Application
Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES: _____ NO: _____
			YES: _____ NO: _____

Provisional Application

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:

APPLICATION SERIAL NUMBER	FILING DATE

U.S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NUMBER	FILING DATE	STATUS(patented/pending/abandoned)

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) listed below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith

Will Quirk, Reg. No. 33996

Send Correspondence to:

Will Quirk
KCI
4958 Stout Drive
P.O. Box 659508
San Antonio, TX 78265-9508

Direct Telephone Calls To:

Will Quirk
210-255-4545

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Mike WellsCitizenship: U.S.Residence: 8023 Vantage DrivePost Office Address: San Antonio, Texas 78230

Inventor's Signature

Date

PATENT APPLICATION

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 485

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Process and Related Systems for Managing Wound Treatment

the specification of which is attached hereto unless the following box is checked:

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COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES ____ NO ____
			YES ____ NO ____

Provisional Application

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Full Name of Inventor: Mike GirouardCitizenship: U.S.Residence: 8023 Yantage DrivePost Office Address: San Antonio, Texas 78230

Inventor's Signature

Date

March 8, 2001